APPLICATION FOR ELECTION AS A QUALIFYING CORPORATION
PURSUANT TO R.I.G.L. 44-3-46/44-39.3-3

(Must be signed by a duly authorized officer of the corporation)

1. Name of Corporation _________________________________________________________________
   Address
   _______________________________________________________________________________
   _______________________________________________________________________________

   FEI # ____________________ Calendar Year ______
   or
   Fiscal Year Beginning ______ and Ending ______

2. Number of full time equivalent active employees in Rhode Island. _______________________
   (Employee must work a minimum of thirty (30) hours per week in Rhode Island or two (2) or more part-time
   employees must work a combined weekly hourly total of thirty (30) or more hours per week in Rhode Island)

3. Principal business activity:
   SIC #_______________
   Description of principal business activity:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Applicant must attach the names, addresses and social security numbers of all current and former
employees who are holders of such options or who are eligible to participate in such plan.
(Employee must be a Rhode Island resident who has been employed as a full-time employee at a Rhode Island location for at
least three (3) consecutive months)

This election, if approved, shall be effective as of the first day of the fiscal year for which the
election is filed and shall be effective for that year only. The application must be filed on or
before the due date prescribed by law for the filing of the corporation’s tax return for such fiscal
year.

I hereby declare under penalties of perjury that the information contained in this application, to
the best of my knowledge and belief, is true, correct and complete.

DATE: _____________________   __________________________________________________
   Name of Corporation
By: _________________________

Revised: 12/24/99